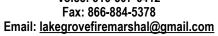
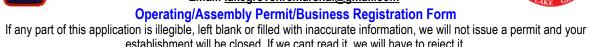


Village of Lake Grove Fire Marshals Office Post Office Box 708 Lake Grove, NY 11755 Voice: 516-807-6412





ALL INFORMATION IS TO BE LEGIBLY PRINTED OR TYPED. 2014/BRF								
			1-B	USINESS INFORM	OITAN	N		
Business Name:								
Addres	3:							
Floor # Suite# Store Phone #		Store Phone #	Store Fax # Co		Corp	Corporate store # (example Jim's #705)		
			2-BI	LLING INFORM	MATIC	ON		
Che	Check here if the billing department address is the same as the store address. If it is, skip down to section 3							
Bill To:								
Departme	ent							
Billing Ad	dress:							
City			State	Zip Code	Billing Phone#		ng Phone#	Billing Fax#
Billing Co	Billing Contact Name		Title	Phone		Fax		Email:
			3-OP	ERATIONAL INFOR	RMATI	ON		
Hours of operation:			Average # of employees per shift			Any Handicapped Employees? (Y		Employees? (Y or N)
	4-	STORE MANAGE	R/RESPONS	IBLE PARTY AFTEI	R HOL	JRS	CONTACT INFORI	MATION
Name (First and Last)		Home Phone		(Cell Phone		Email Address	
Manager	Manager:							
Asst Mgr								
Keyholde	r:							
District M	gr:							

If your locks have been changed in the past 12 months, you must contact this office immediately & make arrangements to give us an updated key that we will place in the Knox Box. G-HAZARDOUS MATERIALS Yes/No						
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### Comparison of the Indian State of the Indian I	Have the I	Have the locks to access this store/bldg been changed in the past 12 months? (Yes or No)				
Are there any hazardous or flammable materials being used or stored in any part of this occupancy? (Yes or No) If you answered yes to this question, you are required to complete and return a Hazardous Material Inventory Statement. If one was not found with this application, you can download it from the ONLINE FORMS section of the village website (www.lakegroveny.gov). 7-PREPLAN DIAGRAM If the box to the right is checked, you are required to submit a preplan diagram to this office. This preplan diagram is critical and allows the fire department to understand the layout of your store/building. 8-TENANT LIST If you are the landlord of this building and it is a multiple occupancy, you must provide this office with the occupant information for each suite Suite # Floor Occupant Prince Occupant ERTIFICATION: By printing and signing my name to this form, I state that I have completed all required paperwork and answered all questions truthfully and to the best of my knowledge. I am aware that providing false/inaccurate formation is a misdemeanor under §210.45 of the New York State Penal Law. I am also aware that the information quested in this form is required to be filed under Village of Lake Grove Code §89-14A and failure to do so can sult in this business be issued summons and/or closed. Applicant Name (print)				us an		
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